

# Abstracts

## Minisymposium 3

### Use of questionnaires in different cultures and occupational contexts

#### M3.1 SUBJECTIVE HEALTH COMPLAINTS

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"Subjective health complaints" are common in the general population, and are complaints without any verifiable organic disease, or the complaints are stronger than one would expect from the organic findings. The most common complaints are musculoskeletal pain, gastrointestinal complaints, and "pseudoneurology" (tiredness, sleep problems, fatigue, and mood changes). These complaints are common in the general population, and are the main reason for long term sickness leave and disability pension, at least in the Nordic countries. When investigating the prevalence and the possible explanatory factors of subjective health complaints across cultures we it is important to measure the subjective health complaints itself, not medical diagnosis or the attributions. These complaints may appear under different fashionable diagnoses, and the labels may change over time. We have measured subjective health complaints across different occupations and cultures and the understanding of the complaints seem reasonably similar across cultures. Data from workers in Antarctica, warriors in Kenya, taxi drivers in Norway, tunnel workers at Spitsbergen, workers in the mail service, and so on will be presented and discussed.

#### M3.2 DO QUESTIONNAIRES HELP IN ANTARCTIC MEDICAL PRACTISE?

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**Introduction:** Since 1999, the British Antarctic Survey Medical Unit, has been participating in a study to attempt to investigate whether a concise battery of psychological assessment questionnaires can predict the individual's performance when working in the isolated and confined environment of an Antarctic base. In doing so we have also learned a considerable amount about other uses of some questionnaires in easing the bureaucratic load while improving the standards of pre-employment screening, and health status monitoring within the Survey.

**Methodology:** A battery test questionnaires selected in the light of evidence from other areas of remote healthcare practise was completed by all personnel from the British Antarctic Survey who were selected at interview to undertake a wintering post. A control group from those who were selected for summer only posts, and a second control from those who were not selected were also obtained. These were anonymised and analysed blindly. During service in Antarctica subject completed further assessment questionnaires to analyse their psychological and physical wellbeing over time. After their service a structured debriefing, together with the individual's impression of their performance, and that of their commander and peers was obtained. The actual performance is compared with predictions from the initial assessment.

**Results:** Early results suggest that some questionnaires may be useful in predicting performance. We will describe the lessons learned together with early results of the study, and will identify how this has helped us to develop other aspects of our screening process.

#### M3.3 MYTHS ABOUT LIFESTYLE AND HEALTH OF TAXI DRIVERS: TRUE OR FALSE?

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**Introduction:** Taxi drivers have reported low physical and mental health in earlier studies, and have almost 10 years lower life expectancy than the occupational groups with the highest life expectancy in Norway. Sedentary lifestyle and long passive work days are common in this occupation. The study was part of a screening process for developing targeted interventions to improve lifestyle and health for this group. The aim of this study was to look closer into the lifestyle, work environment, and health of taxi drivers.

**Methods:** A group of 301 taxi drivers in Rogaland county in Norway filled in a questionnaire about physical and psychosocial work environment, coping, stress, lifestyle, sick leave, and health.

**Results:** Thirty six per cent of the taxi drivers did not participate in any kind of physical exercise and 67% reported a body mass index higher than 25 (overweight). Forty nine per cent were smokers. Self reported physical fitness was good or very good in 35% of the population, mental fitness in 78%. Compared with the general population reports of subjective health complaints were high, especially musculoskeletal and pseudoneurological complaints. Coping, over-commitment, and driver related stress were associated with high levels of health complaints.

**Conclusion:** Health problems and an unhealthy lifestyle were prevalent in taxi drivers. Interventions to increase physical activity and help to change an unhealthy lifestyle seem to be indicated.